

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____ Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

1. Estimated Project Start Date: _____ End Date: _____

(If project already begun, what % is now complete?) _____%

2. Project address: _____

3. ISO Public Protection Class: _____

4. Description of project including intended occupancy upon completion:

5. Construction Type of the building (see appendix for descriptions of ISO construction types):

CSP 1 Frame CSP 4 Masonry Non Combustible

CSP 2 Joisted Masonry CSP 5 Modified Fire Resistive

CSP 3 Non Combustible CSP 6 Fire Resistive

If CSP 7 old style "Mill"/Heavy Timber or Mixed Construction (please describe specifically)



5. Number of stories (if more than one building to be covered, please provide details on each building):

6. Type of Construction:

- New Construction Renovation/Rehab (Please complete Rehab/Reno Supplemental)
 Reporting Policy (Please complete Reporting Supplemental)

Exposures:

Describe exposures from surrounding structures within 100 feet:

LIMITS REQUESTED

COVERAGE	IF APPLICABLE	LIMIT
Hard Costs		\$
Delay in Completion	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loss of Rents*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business Income Including Extra Expense*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Property in Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Property in Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Earth Movement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mechanical Breakdown and Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Coverage Requirement Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

DEDUCTIBLES REQUESTED

Deductible		
Loss of Rents and/or Business Income Including Extra Expense	Waiting Period	
Earthquake/Earth Movement		Minimum \$25,000
Flood Coverage		Minimum \$25,000
Mechanical Breakdown and Testing		

7. Who is General Contractor (If not Named Insured)? _____

8. What is the General Contractor's Address?

9. What is the General Contractor's Website? _____



10. What is the General Contractor's Experience? _____
11. Has the General Contractor had any prior Builder's Risk losses? Yes No
 a. If Yes, please describe loss(es)

12. Number of Stories (If more than one building to be covered, please provide details on each building): _____

13. Total Square Footage (If more than one building to be covered, please provide details on each building): _____

14. Which of the following types of physical protection will be provided?
- Is the project completely fenced? Yes No
 - Is the project well lit? Yes No
 - Is the project protected by camera or video monitoring? Yes No
 - Will the project be protected by central station burglar alarm prior to completion? Yes No
 - Will the project be protected by central station smoke/fire detection prior to completion? Yes No
 - Is the project near operable fire hydrant? Yes No
 - Will project have charged standpipes or active automatic sprinkler protection during construction? Yes No

Exposures—please comment on any applicable "Yes" response:

EXPOSURE	YES OR NO	COMMENTS/CONTROLS
Will temporary heat be required during the course of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hoisting, rigging or lifting required during construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction to use unique design or new construction methods (left slab, tilt up, other)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Structure built on filled site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Structure(s) to be occupied during the course of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be hot work performed on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Will the project be conducted in multiple phases? Yes No
 Describe Phases:



16. Do you need "permission to occupy" coverage? Yes No

Describe Exposure:

17. Please comment on any other interest that needs to be covered by the Builders' Risk Policy:

The following Additional Coverages are provided up to the limits shown.

Please advise if greater limits are desired.

ADDITIONAL COVERAGE	POLICY LIMIT	DESIRED LIMIT IF DIFFERENT
Business Personal Property	\$ 10,000	\$
Loss Adjustment Expense	\$ 5,000	\$
Construction Trailers and Contents	\$ 50,000	\$
Contract Penalty	\$ 25,000	\$
Emergency Removal to Preserve Property	\$ 10,000	\$
Expediting Expense	\$ 10,000	\$
Police and Fire Department Charges	\$ 10,000	\$
Sewer and Drain Back Up	\$100,000	\$
Rewards	\$ 10,000	\$
Pollutant Clean Up	\$ 50,000	\$
Fire Suppression Equipment Recharging Coverage	\$ 10,000	\$
Valuable Papers and Records	\$ 50,000	\$
Additional Debris Removal	\$ 75,000	\$

- If multiple buildings, please provide a plot plan and time line for construction
- Please provide copies of signed leases, contracts or other supporting documentation



Please complete in conjunction with the above Builders' Risk Application

1. What does the renovation or rehabilitation project entail?

2. **Limits Requested**

COVERAGE	IF APPLICABLE	LIMIT
Do you wish to insure the existing structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
The value of the work to be done? (New Construction Limit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Limit (Existing plus New Construction Limit)		

Please comment on any "Yes" response and also provide engineering surveys and other supporting documentation as necessary:

EXPOSURE	YES OR NO	COMMENTS/CONTROLS
Was building recently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, how long was the structure vacant? Describe Occupancy
Removal of load bearing walls or structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Addition of additional floors on top of existing structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demolition—including welding, cutting and similar operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Removal of hazardous materials (Asbestos, PCB's, Pollution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Repair of prior damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Light partition work and/or cosmetic build out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. What is the square footage of the existing structure? _____
4. When was the building (i.e. existing shell) originally built? _____
5. What was prior occupancy of the building? _____
6. How was shell limit determined? _____

- Purchase price (indicate amount \$) \$ _____
- Marshall and Swift Estimate, Other Appraisal Method,
or a Different Valuation Method used: (indicate amount \$) \$ _____

(Comment on method used): _____



1. Please describe the typical projects that you wish to insure:

2. What is your usual operating territory (State, States or Regions)? _____

3. Are construction projects under contract? Yes No

4. Are construction projects built on a speculative basis? Yes No

5. Type of Building over the last 12 months and estimated over the next 12 months:

	DURATION	ANNUAL # OF JOBS	AVERAGE VALUES	MINIMUM VALUES	MAXIMUM VALUES
Two Years Prior			\$	\$	\$
Past 12 Months			\$	\$	\$
Estimated Next 12 Months			\$	\$	\$

CONSTRUCTION TYPE	IF APPLICABLE	LIMIT	DEDUCTIBLE
CSP 1 Frame*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
CSP 2 Joisted Masonry*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
CSP 3 Non Combustible*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
CSP 4 Masonry Non Combustible*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
CSP 5 Modified Fire Resistive*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
CSP 6 Fire Resistive*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

* New, ground up construction contemplated.

6. Reporting Options: Monthly Quarterly Annual

Adjustment Options: Monthly Quarterly Annual

Reporting Basis: Completed Values Building Starts Annual Gross Receipts

Other (Indicate)

Please provide three years of loss information for any reporting Builders' Risk



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

APPENDIX OF CONSTRUCTION TYPES:

1. **Frame (CSP 1):** Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron clad, stucco on wood.
2. **Joisted Masonry (CSP 2):** Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile, or similar materials and where the floors and roof are combustible.
3. **Non-Combustible (CSP 3):** Buildings where the exterior walls are constructed of and supported by metal, asbestos, gypsum, or other non-combustible materials.
4. **Masonry Non-Combustible (CSP 4):** Buildings where the exterior walls are constructed to masonry materials as described in Number 2 above with the floors and roof of metal or other non-combustible materials.
5. **Modified Fire Resistive (CSP 5):** Buildings where the exterior walls and the floors and roof are constructed of masonry or fire-resistive material with a fire resistance rating of one hour or more but less than two hours.
6. **Fire Resistive (CSP 6):** Buildings where the exterior walls, floors, and roofs are constructed of masonry or fire-resistive materials having a fire resistance rating of not less than two hours.